Entered - 05/30/00 - sb CL00L0323 - DIANNE C. MITCHELL

CLAIM OF: TRACIE M. HAZELWOOD
1870 Dresden Drive, NE, Apt. B-10
Atlanta, Georgia 30319

For damages alleged to have been sustained as a result of vehicular damage due to clogged catch basins on October 31, 1999 through November 1, 1999 at 394 7th Street, NE.

BY PUBLIC SAFETY AND LEGAL ADMINISTRATION COMMITTEE:

BE IT RESOLVED by the Council of the City of Atlanta that the action of the Department of Law be approved in authorizing payment to **TRACIE M. HAZELWOOD** the sum of \$881.81 in full settlement and satisfaction of all claims, past, present and future, of every kind and character for damages alleged to have been sustained as a result of vehicular damage due to clogged catch basins on October 31, 1999 through November 1, 1999 at 394 7th Street, NE. as is more particularly set forth in the within claim; said sum taken from and charged to account 1A01/529017/T31001, Settlement of Suits and Claims, Department of Law.

APPROVED: SUSAN PEASE LANGFORD CITY ATTORNEY

ROSALIND RUBENS NEWELL

DEPUTY CITY ATTORNEY

## **DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY**

Claim No. <u>00L0323</u> Date: <u>December 1, 2000</u>
Claimant /VictimTRACIE M. HAZELWOOD
BY: (Atty)(Ins. Co.)
Address: 1870 Dresden Drive, NE, Apt. B-10, Atlanta, Georgia 30319
Subrogation: Claim for Property damage \$ 881.81 Bodily Injury \$
Data of National O1/02/00 Method: Written proper Y Improper
Conforms to Notice: O C G A 836-33-5 X Ante Litem (6 Mo.) X
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X  Date of Occurrence 10/31/99-11/01/00 Place: 394 7th Street, NE  Department Public Works Division: Sewer Operations  Employee involved Disciplinary Action:
Department Public Works Division: Sewer Operations
Employee involved Disciplinary Action:
NATURE OF CLAIM: The claimant's vehicle was damaged as a result of flooding due to clogged catch basins. The investigation determined that the City had notice of a problem with the catch basins in the area prior to these events.
INVESTIGATION:
Statements: City employee Claimant Others Written Oral
Pictures Diagrams Reports: Police Dept Report X Other
Traffic citations issued: City Driver Claimant Driver
Citation disposition: City Driver Claimant Driver
BASIS OF RECOMMENDATION:
Function: Governmental X Ministerial
Improper Notice More than Six Months Other Damages reasonable X
City not involved Offer rejected Compromise settlement
Repair/replacement by Ins. CoRepair/replacement by City ForcesClaimant Negligent City Negligent Claim Abandoned
Claimant Negligent City Negligent X Joint Claim Abandoned
Respectfully submitted,
Mundaled
INVESTIGATOR - DIANNE C. MITCHELL
RECOMMENDATION:
Pay \$ 881.81 Adverse Account charged: 1A01 X 2J01 2H01 Claims Manager: Concur/date 12.07.00
Committee Action: Council Action
FORM 23-61

PAGE 02/02
Mitchell 1 Must

•			( Dist)	lative
COUNCIL OF THE CITY OF AT	LANTA	Rf.	CLAIM FOR DAMAGES	05/22/00
MUNICIPAL CLERK City Hali				OVEN G MOXTUS
55 Trinity Avenue, S.W.			y's Date: 5/15/05	
Atlante, Georgia 30335	ENTERED - 5-30-0 00L0323 - DIANNE	0 - SB	mpwi szron	15 (2-)
Dear Municipal Clerk:		_		3 (05)
This is to notify the City of Atlanta to and/or \$bo	hat I have suffered damages saily injury for which I conte	in the amount sum of S	331.31	property
1. Date of incident: 10/3/10 (month/d	19 - 11 109 2. Time	of Incident:	3. Police called: Yes	- No
4. Location of incident (including st	reet address): 39U	The Street	NZ AHIGA	6, (0x303)
5. Name of your insurance company	· Alb Do	vance Co	Policy No. 6062	20-502
6. State what and how incident occu	irred: 00 10/3/79 +	he deains on	7th Street 1	ore Clossock
at the Street flo	ded. That night	Heavier for	hours + when	I out
40 the heat do	my Con wo	trate tiple	a I had to co	2/1/20 ~
nechanic ther	e wan also	atleast 4t	o Sinches of	Sharling
7. ALL ESTIMATES AND DAM RESULT IN YOUR CLAIM BI	AGES ARE SUBJECT TO	INSPECTION. THE	making of false cl	AIMS WILL
8. The registered owner must make proof of ownership of your vehicle	s the claim for vehicle dama le (copy of the current tag re	ages, complete the following ceipt or title).	ng and attach two (2) estimate	of repair and
Your vehicle: Plymouth	NEON 1996		TEACLI HAZ	elwod
(Make)	(Aeal)	(Tag Number)	(Driver's Name)	
City vehicle: (Make)	(City Driver's)	Name)	(Department/Bureau)	
9. Witness: Mari Chid	use back	Thistoph US	(404) 873-1	11071
(Name)	(Address)	D11084-4C	(Telephone Number)	
10. The acknowledgment of this c State law, nor is it an admission o	laim in no way waives t fliability on behalf of the Ci	he Sovereign immunity ty of Atlanta and/or its em	of the City of Atlanta, as appropriet.	granted by
11. This claim should be mailed imp	nediately to the address sh	own above.		
I HEREBY SWEAR OR AFFIRM INFORMATION IS TRUE AND		TRACE (P	O HAZelusod rint Claimant's Name)	10+B10
Signature of Claimant	Muss	1870 Dres	des Drive	ME
•		Atlanta	(OA 30319	

(City, State and Zip Code)

(Home Number)

00- -2018

Advised me that the water was up to the windows. They also advised to the windows. They also advised that it was the Responsibility of the City to keep the drains clean. (Hote) while living there I learned to park elsewhere because the Streets flooded every time is Rained hand. Even after complaining to the city the drains were not unclossed.

I have since traded the can because I kept having problems. Different, lights kept coming on after repairs a I was advised by several mechanics that I was lucky that my mechanic was able to get can working again + that I would continue to have other issues orise because the water damage was shopping out the computer systems and that is why I traded calls which was also an extra expenditure. Also I did not file with my insurance company,